

Appendix B

**WISCONSIN NATIONAL GUARD SELF-CERTIFICATION SAFETY CHECKLIST
FOR TELEWORKER WORKING AT HOME**

Name: _____

Organization/Office: _____

Telephone: _____

This checklist assesses the overall safety of the home work site. Each participant will read, complete, sign, and date the self-certification safety checklist.

Address of home work site location:

Describe the designated home work area:

A. WORKPLACE ENVIRONMENT

- | | | |
|---|-----|----|
| 1. Are temperature, noise, ventilation, and lighting levels adequate to maintain your normal level of job performance? | Yes | No |
| 2. Are all stairs with four or more steps equipped with handrails? | Yes | No |
| 3. Does the electrical system conform to appropriate local building codes? Will the building's electrical system provide for grounding equipment (three prong receptacles)? Is all electrical equipment free of recognized hazards that would cause physical harm (frayed or loose wires, exposed wiring, missing/broken outlet/switch covers)? | Yes | No |
| 4. Are aisles, doorways, and corners free of obstructions to permit visibility and movement? | Yes | No |
| 5. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways? | Yes | No |

- | | | |
|--|-----|----|
| 6. Do chairs have any loose casters (wheels) and are chair legs sturdy? | Yes | No |
| 7. Are the phone lines, electrical cords, and extension wires secured under a desk or along a baseboard? | Yes | No |
| 8. Is the office space neat, clear, and free of excessive amounts of combustibles? | Yes | No |
| 9. Are floor surfaces (including carpets) clean, dry, level, and free of worn or frayed seams? | Yes | No |
| 10. Is there enough light to read? | Yes | No |
| 11. Is the residence equipped with working smoke detectors? | Yes | No |

COMPUTER WORKSTATION (IF APPLICABLE)

- | | | |
|---|-----|----|
| 12. Is your chair adjustable? | Yes | No |
| 13. Does a back rest support your back adequately? | Yes | No |
| 14. Is your computer monitor at eye level? | Yes | No |
| 15. When keying, are your forearms close to parallel with the floor? Are your wrists fairly straight? | Yes | No |

Explain any no responses:

Employee Signature _____ Date _____

Attach a copy of this list to your Telecommuting Agreement, retain a copy for your record and send one copy to your Human Resource Office.